**Administration of Drugs & Medicines Policy**

General Welfare Requirement: Safeguarding and Promoting Children's Welfare The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill. Promoting health and hygiene,

while it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness, ie antibiotics.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent/carer keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The General Manager (Chelsea Cunningham) and Deputy Manager (Hannah Parker) are responsible for ensuring all staff understand and follow these procedures. A level 3 practitioner in the child’s room is responsible for the correct administration of medication. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
* Whilst at Baby Bears if a child’s temperature increases to 38 C or above then Parents/Carers will be contacted to come and collect their child. If it is an emergency, ie the Parent/Carer is far from the nursery but on their way, paracetamol suspension can be administered with parental consent (verbally over the phone), as per the administration set out on the bottle.
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
* full name of child and date of birth;
* name of medication, strength and time scale;
* dosage to be given in the setting;
* signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record sheet to acknowledge the administration of a medicine. This will also be signed by a level 3 practitioner administering the medicine; and is verified by parent signature at the end of the day.

**Storage of medicines**

* All medication is stored safely in a cupboard or refrigerated and not accessible to the children.
* The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
* For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and return any out-of-date medication back to the parent. An individual child’s Health Care Plan shall be put in place before the medication is stored in the setting.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

**Children who have long term medical conditions and who may require on ongoing medication**

* A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the General and Deputy Manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
* Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
* For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
* The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
* The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.
* A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
* The health care plan should include the measures to be taken in an emergency.
* The health care plan is reviewed every three months or more if necessary. This includes reviewing the medication, e.g., changes to the medication or the dosage, any side effects noted etc.